

7485

AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, that it may be properly classified. If any item can not be obtained insert word "unknown." Make every effort possible to secure this information. Incorrect certificates will be returned for correction.

PLACE OF DEATH

County Coconino
District Sunburst Springs Valley
Town _____
Or City _____

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State Index No.

624

ORIGINAL CERTIFICATE OF DEATH

County Registered No.

95

Local Registrar's No.

18

No. Regis. Ariz. St. _____
(If death occurred in a Hospital or Institution give its NAME instead of street and number.)

FULL NAME

John Burton Kelly

PERSONAL AND STATISTICAL PARTICULARS

SEX Male Color or Race White ~~Indian~~ ~~Black~~ ~~Chinese~~ ~~Mexican~~
SINGLE ~~MARRIED~~ ~~WIDOWED~~ ~~OF DIVORCED~~
DATE OF BIRTH Sept 13 1899
(Month) (Day) (Year)

AGE 14 yrs. 5 mos. 18 days If less than 1 day _____
hrs., or _____ min.

OCCUPATION
(a) Trade, profession or particular kind of work School
(b) General nature of industry, business, or establishment in which employed or (employer) Boy

BIRTHPLACE (State or country) Texas

NAME OF FATHER Geo. B. Kelly

BIRTHPLACE OF FATHER (State or country) Texas

MAIDEN NAME OF MOTHER Kate Kelly

BIRTHPLACE OF MOTHER (State or country) Texas

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. S. M. Kelly

(Address) Southern Ariz.

PLACE OF BURIAL OR REMOVAL Willis County

DATE OF BURIAL OR REMOVAL Mar 5 1914

UNDERTAKER A. L. Ferguson

ADDRESS Southern

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 4 1914
(Month) (Day) (Year)

I hereby certify, that I attended deceased from Feb 11 1914 to March 4 1914; that I last saw him alive on March 4 1914, and that death occurred on the date stated above at 12:15 P.M. The DISEASE or INJURY causing

Death was as follows:

Obstruction of the bowels
(mechanical ileus)

(Duration) _____ yrs. _____ mos. 3 days

Was disease contracted in Arizona yes

If not, where? _____

CONTRIBUTORY Preceded by Pneumonia
Pleurisy with effusion (Duration) _____ yrs. _____ mos. 18 days

(Signed) Joseph Pestal

March 4 1914 (Address) Pearson Ariz.

*In deaths from VIOLENT CAUSES state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

LENGTH OF RESIDENCE

At place of death _____ yrs. _____ mos. _____ ds. In Arizona _____ yrs. _____ mos. _____ ds.

Former or Usual Residence Texas

Filed 3/9 1914 W. A. Green

Local Registrar

Filed 4/8 1914 C. H. Hunt

County Registrar